

TRANSMITTAL FORM

Attorney Docket No.
P196/1590P

In re the application: **Richard Adams et al. LASPY, et al.**

Confirmation No. **2423**

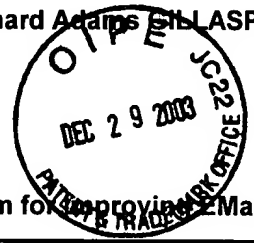
Serial No: **09/527,077**

Group Art Unit: **2155**

Filed: **March 16, 2000**

Examiner: **Eng, David Y.**

For: **Method and System for Improving E-Mail Traffic Using A Digital Imaging Device**



ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer	<div>RECEIVED JAN 02 2004 Technology Center 2100</div>	
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxx month(s), from to .			
<input type="checkbox"/>	Executed Declaration by Inventor(s)				

CLAIMS

FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	36	48	0	\$18.00	\$ 0.00
Independent Claims	7	10	0	\$86.00	\$ 0.00
				Total Fees	\$ 0.00

METHOD OF PAYMENT

<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. <u>02-2120</u> (Sawyer Law Group)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Attorney Name	Joseph A. Sawyer, Jr., Reg. No. 30,801
Signature	
Date	December 23, 2003

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: December 23, 2003	
Type or printed name	Grace Alicea
Signature	



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Grace Alicea

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Date: December 23, 2003

Richard Adams GILLASPY, et al.

Confirmation No. 2423

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Examiner: Eng, David Y.

For: METHOD AND SYSTEM FOR IMPROVING EMAIL TRAFFIC USING A
DIGITAL IMAGING DEVICE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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JAN 02 2004

Technology Center 2100

AMENDMENT

Sir:

In response to the Office Action dated October 1, 2003, please amend the above-identified application in the following manner:

Amendments to the Claims begin on page 2 of this paper.

Remarks begin on page 14 of this paper.